

**IN THE UNITED STATES DISTRICT COURT  
FOR THE MIDDLE DISTRICT OF ALABAMA  
NORTHERN DIVISION**

**LARRIE HOPE**

**Plaintiff,**

**VS.**

RICHARD ALLEN, et al.

**Defendants.**

**CASE NO.: 2:07-CV-210-T**

**RESPONSE TO ORDER DATED AUGUST 23, 2007**

COME NOW the Defendants, **Allen, Rowell, Barrett, Bolling, Clay, Barber, Pettaway, Dinkins, Smith and Baggett**, by and through undersigned counsel, and in accordance with this Honorable Court's Order dated August 23, 2007, offer the following:

Plaintiff has requested the following documents:

1. Copies of all investigative reports in regard to the 7/6/06 incident:

**Response:** See Exhibit 1 attached hereto.

2.
  - a) Copy of x-ray[s] report taken of the Plaintiff on 7/26/06.
  - b) A copy of the prison health services special needs communication to DOC from OPC on 7/26/06, including medical report and medication prescribe.

**Response:** See medical records and other documents attached hereto as **Exhibit 2.**

3. All five copies of photos in color taken of the Plaintiff on 7/6/06.

**Response: See Exhibit 3 attached hereto.**

4. A copy of all medical sick call request made by the Plaintiff from 7/6/06 to 8/6/06.

**Response: See medical records and other documents attached hereto as Exhibit 2.**

Respectfully submitted on this 4<sup>th</sup> day of September, 2007.

TROY KING  
Attorney General

/s/ ELLEN LEONARD  
ELLEN LEONARD (LEO008)  
Assistant Attorney General  
Counsel for the Defendants

OF COUNSEL:

OFFICE OF THE ATTORNEY GENERAL  
11 South Union Street  
Montgomery, AL 36130  
(334) 353-8811  
(334) 242-2433 (fax)

**CERTIFICATE OF SERVICE**

I hereby certify that I have, on this 4<sup>th</sup> day of September, 2007, electronically filed the foregoing with the Clerk of the Court, using the CM/ECF filing system, and that I have further served a copy of the foregoing upon the Plaintiff, by placing same in the United States Mail, postage prepaid and properly addressed as follows:

Larrie Hope, #181215  
Holman Correctional Facility  
Holman 3700  
Atmore, AL 36503-3700

/s/ ELLEN LEONARD  
OF COUNSEL

**INVESTIGATIVE REPORT**ALABAMA DEPARTMENT OF  
CORRECTIONSINVESTIGATION & INTELLIGENCE  
DIVISION

Confidential-For Official Use Only

Offense: Allegations of assault by an officer on Case No.: 06-10338  
an inmateLocation: Kilby Correctional Facility County: Montgomery Date of Offense: 7-6-2006

Victim(s)	Subject(s)
Larrie Hope B/M, AIS 181215S	Correctional Officer Roosevelt Pettaway Correctional Officer Anthony Barber

**DETAILS:**

In Inmate Larrie Hope, B/M, AIS 181215S, complaint, he stated he was assaulted by Correctional Officers Roosevelt Pettaway and Anthony Barber at Kilby Correctional Facility on 7-6-2006.

In a statement by inmate Larrie Hope, he stated he was showering and Correctional Officer Pettaway came to the shower area, and Officer Pettaway was cursing him (Hope). Inmate Hope stated he told Officer Pettaway that it was no reason for him to be cursing him. Inmate Hope went downstairs from the shower area between the cube and the hallway. He stated that while he was in the shower area, Officers Pettaway and Barber both came to the shower area, and after he left, and then made it to the hallway, Officer Pettaway came up behind him and grabbed him around the neck and threw him (Hope) against the cube. Inmate Hope stated that Officer Pettaway started punching him (Hope) in his face and kicked both Hope's legs out from under him (Hope).

Criminal _____	Non-Criminal _____	Internal <u>x</u> _____
Unfounded _____	Pending Investigation _____	Closed or Inactive <u>x</u> _____
	Cleared by Arrest _____	Not Cleared _____

Copies of Report to  
Commissioner \_\_\_\_\_  
D/A \_\_\_\_\_  
D/C \_\_\_\_\_  
Other Warden Rowell

Date of Report July 21, 2006Report Made by C. P. BarfootReport Typed by Cassandra Henderson**EXHIBIT****1**

tabbies

Inmate Hope stated that when he hit the floor, Officer Pettaway was on top of him and was still punching him. Inmate Hope stated that Officer Anthony Barber came up and started stomping (kicking) him (Hope) in the head five or six times.

A body chart was completed on inmate Larrie Hope at Prison Health Services and showed that his face had multiple scratches on the side of his face, his eyes were red, and an abrasion on both sides of the chest, a scratch on the left lower chin, and his nose was bleeding.

Correctional Officer Pettaway stated he thought that inmate Hope got the cuts and bruises on while he was on the concrete floor at Kilby Correctional Facility. Officer Pettaway stated that inmate Hope was still cursing, fussing, and resisting. He stated that inmate Hope threatened to kill him during this incident.

Officer Anthony Barber stated that he went to the shower and told inmate Hope to get out of the shower area, that inmate Hope was yelling, being belligerent, and was cursing, and calling Officer Pettaway a sissy bitch and telling him that he (Hope) was going to kill him. He stated that as they were escorting him out of the shower area, and when they got downstairs, inmate Hope turned and swung with his left hand at Officer Pettaway, and Officer Pettaway reacted by going under the left hand swing of inmate Hope and putting Hope to the floor. He stated that while on the floor, inmate Hope was still resisting, and he was biting and starting to kick, but they finally got inmate Hope cuffed. At that time, they called for the supervisor, Lieutenant Clay, and Captain Bolling came to the scene. In Anthony Barber's statement, he stated that at no time did he hit, kick, or physically assault inmate Hope in any way, and that no one else did in his presence.

Correctional Officer Tericus Dinkins was interviewed at Kilby Correctional Facility. He stated that the first knowledge he had of this incident was that Correctional Officers Pettaway and Anthony Barber had inmate Larrie Hope subdued on the floor and Officer Pettaway asked him (Dinkins) to go to the office to get a pair of handcuffs. He stated he went and got the handcuffs and Officer Barber put the handcuffs on inmate Hope. He stated they told him (Dinkins) to call Lieutenant Clay, and he then called Lt. Clay and Captain Bolling. He stated that at no time during his presence, did anyone assault inmate Larrie Hope in any manner.

Captain Leon Bolling of Kilby Correctional Facility was interviewed. He stated that at the time when he first saw Larrie Hope, inmate Hope was handcuffed from behind, and he saw some blood coming from the forehead area. Capt. Bolling stated that inmate Hope made the statement to him (Bolling), "If you don't get me out of this camp, I'm gonna stick one of your officers." Capt. Bolling stated that Hope continued to threaten Officer Pettaway in Capt. Bolling's presence.

Inmate DeAndra Lewis was interviewed at Kilby Correctional Facility. Inmate Lewis had been named as a possible witness by inmate Larrie Hope. Inmate Lewis stated he was in the shower area when the officers removed inmate Hope, and that the officers were using profanity, but he (Lewis) did not see any officer assault inmate Hope. Inmate DeAndra Lewis stated he heard inmate Larry Hope curse the officers.

The only evidence to support inmate Larry Hope's allegation that Correctional Officer Roosevelt Pettaway hit and kicked him (Hope), and that Correctional Officer Anthony Barber stomped him with his foot, is inmate Larry Hope's statement. The evidence that indicates that opposite of

inmate Hope's allegation is the statements made by Correctional Officers Anthony Barber and Roosevelt Pettaway.

This writer requests that a copy of this investigative report be sent to Warden Willie Rowell at Kilby Correctional Facility.

---

C. P. Barfoot, Investigator  
Alabama Department of Corrections  
Investigations and Intelligence Division

CPB/ch

AFFIDAVIT

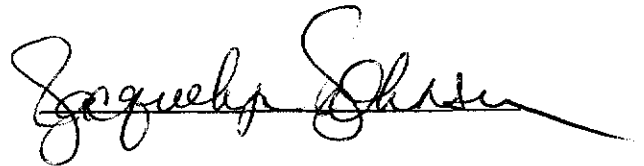
)  
)  
)  
)  
)

STATE OF ALABAMA

I, Jacqueline Johnson, hereby certify and affirm that I am a Medical Records Clerk at Holman Health Care Unit; that I am one of the custodians of inmate medical records at this institution; that the attached documents are true, exact, and correct photocopies of certain documents maintained here in the institutional medical file of one, Hope, Larrie AIS NO. 181215; and that I am over the age of twenty-one years and am competent to testify to the aforesaid documents and matters stated therein.

I further certify and affirm that said documents are maintained in the usual and ordinary course of business at the Holman Health Care Unit; and that said documents (and the entries therein) were made at, or reasonably near, the time that by, or from information transmitted by, a person with knowledge of such acts, events, and transactions referred to therein are said to have occurred.

This, I do hereby certify and affirm to on this the 28<sup>th</sup> day of August, 2007.



SWORN TO AND SUBSCRIBED before me this the 28 day of August, 2007.

  
NOTARY PUBLIC

SEAL:

My Commission Expires 7/17/08



HEALTHCARE CORRECTIONS  
RADIOLOGY SERVICES REQUEST AND REPORT

E-Block #5

Name: Hope, Larnie

State ID No: 181215

DOB: 7/5/56

Race: B Sex: M

INSTITUTION: KIBY

NOTE: PERTINENT CLINICAL INFORMATION AND TENTATIVE DIAGNOSIS MUST BE PROVIDED FOR X-RAY EXAMINATION TO BE PERFORMED

Requesting Physician/PA/NP

B. Adams CRNP

Date of request

7/24/06

Time of request

Routine

Priority

Transportation or special needs

HISTORY/DIAGNOSIS:

R/O Abnorm.

X-RAY REQUEST	
ABDOMEN/SPINE	PROXIMAL
ACROMIO-CLAVICULAR JOINTS (R/W/O WEIGHT)	FOOT
ANKLE	HAND
CERVICAL SPINE	HIP
CHEST PA / LATERAL	Humerus
COCCYX	KNEE
COME DOWN BELLA TURKICA	LUMBAR SPINE
ELBOW	MANDIBLE
FACIAL BONES	MAXILLA
	NAVICULAR VIEW
	ORBITS
	OS CALCI (HEEL)
	PELVIS
	RADIUMALNA
	RIBS - RT
	SACRO-ILIAC JOINTS
	SCAPULA
	SHOULDER
	SOFT TISSUE STUDIES
	STERNUM
	TEMPORO-MANDIBULAR JOINTS
	THORACIC SPINE
	TRIA/FIBULA
	TOES
	WRIST
	ZYGOMA
	ZYGOMATIC ARCH

Hope

RIGHT 5<sup>TH</sup> RIB DETAIL: Fracture of the right 5<sup>TH</sup> rib suspected. The bony architecture appears intact.

D & T: 07-26-06 Thomas J. Payne, III, M.D./dc Board Certified Radiologist (Signature on file)

X-RAY TECHNOLOGIST'S NAME (PRINT)

X-RAY TECHNOLOGIST'S SIGNATURE

DATE, TIME EXAM PERFORMED

RADIOLOGIST'S NAME (PRINT)

RADIOLOGIST'S SIGNATURE

DATE SIGNED



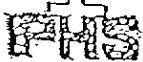


PRISON  
HEALTH  
SERVICES  
INCORPORATED

# PHYSICIANS' ORDERS

<p>NAME: Hope, Larrrie 181215 7/24/06 335P noted D.O.B. 1 1 ALLERGIES: Sulfu Use Last Date 7,24,06</p>	<p>DIAGNOSIS (If Chg'd) ① X-RAY ② Ribs Rlo ABN ③ Motrin 600 mg p.o. BID x 30d PRN ④ Tylenol 650 mg p.o. BID x 30d PRN (may take e motrin) ⑤ Flu ope i wk (X-ray) <input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED</p>
<p>NAME: Hope, Larrrie 181215 7/10/06 4PM noted D.O.B. 1 1 ALLERGIES: Sulfu Use Fourth Date 7/10/06</p>	<p>DIAGNOSIS (If Chg'd) ① Eye List (next available) ② Motrin 600 mg p.o. BID x 14d PRN <input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED</p>
<p>NAME: Hope, Larrrie 181215 6/8/06 1040A noted D.O.B. 1 1 ALLERGIES: Sulfu D-18 Use Third Date 6/8/06</p>	<p>DIAGNOSIS (If Chg'd) ① CTM 8mg p.o. BID x 14d PRN ② Tylenol 650 mg p.o. BID x 14d PRN <input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED</p>
<p>NAME: Hope, Larrrie 181215 D.O.B. 7/5/56 ALLERGIES: Sulfu Use Second Date 5/29/06</p>	<p>DIAGNOSIS (If Chg'd) APE: CXR, Chem profile e CBC EKG, PSA, RPR <input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED</p>
<p>NAME: Hope, Lame 181215 2/18/06 1020A noted D.O.B. 7/5/56 ALLERGIES: Sulfu Use First Date 2/18/06</p>	<p>DIAGNOSIS Augmentin 875mg PO BID x 10 days Enter PRN i PO BID/PRN x 3 days Tylenol 1000mg PO TID/PRN x 3 days <input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED</p>

MEDICAL RECORDS COPY



## Nursing Evaluation Tool:

General Sick Call

Facility: KCC  
 Patient Name: Hope, Larrie  
 Home Number: 181215  
 Date of Report: 7-10-06  
 Date of Birth: 7-5-56  
 Time Seen: 600 AM (Circle One)

Subjective: Chief Complaint(s): Messure head pain. Can't see out  
 Onset: of Lt eye X 4 days ago.  
 Brief History: 6040 Bm. 2 significant medical  
 (Continue on back if needed)

Objective: Vital Signs: (As Indicated) T: Deferred P: Deferred RR: 10 BP: 100/60  
 Examination Findings: A+O x3 Resp reg & ease. NAD.  
 (Continue on back if needed)

Assessment: (Referral Status) Preliminary Determination(s): Alt in comfort  
☐ Referral NOT REQUIRED  
☒ Referral REQUIRED due to the following: (Check all that apply)  
☐ Recurrent Complaint (more than 2 visits before a new complaint)  
☒ Other: HA's, can't see out of Lt eye

Consent: You should contact a physician and/or a nursing supervisor if you have any concerns about the status of the patient or the nature of the appropriate care to be given.

Plan: Check All That Apply:  
☐ Instructions to return if condition worsens.  
☐ Education: The patient demonstrates an understanding of the nature of their medical condition and instructions regarding what they should do as well as appropriate follow-up. ☐ YES ☐ NO (If NO then schedule patient for appropriate follow-up visits)  
☐ Other:

OTC Medications given: ☒ NO ☐ YES (If Yes List):

Referral: ☐ NO ☒ YES (If Yes, Whom/Where): B. Adams CRNP

Referral Type: ☐ Routine ☐ Urgent ☐ Emergent (If emergent who was contacted?):

Date for referral: 7/10/06  
 Time: 600 AM

x L. Graves, RN  
 Nurse Signature

Name: LORNAINE GRAVES  
 Printed

## Nursing Evaluation Tool:

General Sickfall

Facility: KCF  
 Patient Name: Hope, Larnie  
 Inmate Number: 181215  
 Date of Report: 7-24-06  
 Date of Birth: 7-5-52  
 Time Seen: 115 AM ☒ PM Circle One

Subjective: Chief Complaint(s): Pain medicine for a couple of weeks its not  
 Onset: helping. still having pain Rt Chest/side pain  
 Brief History: Scale 1-10 - pain is a 10.  
50 40 Bm i. & significant medical Hx.

Objective: Vital Signs: (As Indicated) T: 98.3 P: 76 RR: 20 BP: 102/67  
 Examination Findings: (Continue on back if needed)

Assessment: (Referral Status) Preliminary Determination(s): Alt. in comfort R/C  
☐ Referral **NOT REQUIRED**  
☒ Referral **REQUIRED** due to the following: (Check all that apply)  
☒ Recurrent Complaint more than 2 visits for the same complaint  
☐ Other: above statement

Comments: You should contact a physician and/or a nursing supervisor if you have any concerns about the status of the patient or an unsure of the appropriate care to be given.

Plan: Check All That Apply:  
☐ Instructions to return if condition worsens.  
☐ Education: The patient demonstrates an understanding of the nature of their medical condition and instructions regarding what they should do as well as appropriate follow-up. ☐ YES ☐ NO (If NO then schedule patient for appropriate follow-up visit)  
☐ Other:

OTC Medications given: ☒ NO ☐ YES (If Yes List):

Referral: ☐ NO ☒ YES (If Yes, Where/When): B. Adams CRNP

Referral Type: ☐ Routine ☐ Urgent ☐ Emergent (If emergent info was contacted?)

Date for referral: 7-24-06  
 AM ☐ PM ☒ Time

L. Adams  
 Nurse Signature

Name: Lorraine G. Adams  
 Printed

# EMERGENCY

ADMISSION DATE 07/06/06 502 <sup>AM</sup> <sub>PM</sub>		ORIGINATING FACILITY <input type="checkbox"/> SIR <input type="checkbox"/> PDL <input type="checkbox"/> ESCAPEE <input type="checkbox"/>		<input type="checkbox"/> SICK CALL <input type="checkbox"/> EMERGENCY <input type="checkbox"/> OUTPATIENT	
ALLERGIES NKDA		CONDITION ON ADMISSION <input type="checkbox"/> GOOD <input checked="" type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA			
VITAL SIGNS: TEMP 98.4 ORAL RECTAL		RESP. 24		PULSE 112 B/P 146/100	
NATURE OF INJURY OR ILLNESS Body chart Per Doc Altercation		<div style="display: flex; justify-content: space-between;"> <div> ABRASION /// CONTUSION # BURN xx FRACTURE Z LACERATION / SUTURES </div> <div> </div> </div>			
PHYSICAL EXAMINATION Inmate escorted to WLD by officers - face bloody, scratches (multiple) on (L) side of face, eyes (both) red. - very hostile & angry. Abrasion on both sides of chest. Bruise on (L) lower chin. nose bleeding - controlled w/ pressure. Indentation noted on (L) side of nose - scratches & cuts noted on top of head - Abrasion on (L) side of back - C/O slight headache. Released back to DOC.		ORDERS / MEDICATIONS / IV FLUIDS Areas cleaned & N/S P. Tylenol 500mg po Now for headache.			
DIAGNOSIS Altercation		INSTRUCTIONS TO PATIENT			
DISCHARGE DATE 7/16/06 515 <sup>AM</sup> <sub>PM</sub>		RELEASE / TRANSFERRED TO <input checked="" type="checkbox"/> DOC <input type="checkbox"/> AMBULANCE <input type="checkbox"/>		CONDITION ON DISCHARGE <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> CRITICAL	
NURSE'S SIGNATURE Diana Bunsler 7/16/06		PHYSICIAN'S SIGNATURE 7/16/06		CONSULTATION	
INMATE NAME (LAST, FIRST, MIDDLE) Holt, Larry		DOC# 18615		DOB 7/5/50 R/S B/M FAC. Kilby	



# PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Print Name: LARRIE HOPEDate of Request: 7/9/06ID # 181215Date of Birth: 7/5/56Location: E-5

Nature of problem or request: ON 7/6/06 I WAS BEATEN BY OFFICER PELLAWAY AND OFFICER BARBER, DUE TO OFFICER PELLAWAY AND OFFICER BARBER STOMPING ME IN MY BACK SIDE AND BACK I'M NOW HAVING DIFFICULTIES WITH MATHS, HURL DRAIN AND I'M LOSING SIGHT IN MY LEFT EYE.

I'm requesting to see the doctor

Thank you HAVE A good day

Larrie Hope  
Signature

DO NOT WRITE BELOW THIS LINE

Date:    /   /   Time:     AM PMAllergies:    

RECEIVED

Date:

Time:

Receiving Nurse Initials    

(S)ubjective:

See wet

(O)bjective

(V/S): T:    P:    R:    BP:    WT:    

(A)ssessment:

(P)lan:

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN

CIRCLE ONE

Check One: ROUTINE ( ) EMERGENCY ( )

If Emergency was PHS supervisor notified: Yes ( ) No ( )

Was MD/PA on call notified: Yes ( ) No ( )

7/10/06  
60

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



**PRISON HEALTH SERVICES, INC.  
SICK CALL REQUEST**

Print Name: LARRIE Hope Date of Request: 7/22/06

ID # 181215 Date of Birth: 7/5/56 Location: E-B-5

Nature of problem or request: Nurse I'VE been TAKING Pain Medication For At least Two weeks And The Truth is There is A Very intense Pain in my right Chest And Rib Area. I'm Sure nothing is broken because I can move Around I'm requesting To SEE A Medical Doctor

LARRIE Hope  
Signature

**DO NOT WRITE BELOW THIS LINE**

Date: 7/24/06  
Time: 6:46 AM PM  
Allergies: \_\_\_\_\_

<b>RECEIVED</b> Date: _____ Time: _____ Receiving Nurse Initials _____
---------------------------------------------------------------------------------

**(S)ubjective:**

**(O)bjective** (V/S): T: \_\_\_\_\_ P: \_\_\_\_\_ R: \_\_\_\_\_ BP: \_\_\_\_\_ WT: \_\_\_\_\_

**(A)ssessment:**

**(P)lan:**

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN  
CIRCLE ONE

Check One: ROUTINE ( ) EMERGENCY ( )

If Emergency was PHS supervisor notified: Yes ( ) No ( )

Was MD/PA on call notified: Yes ( ) No ( )

\_\_\_\_\_  
SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



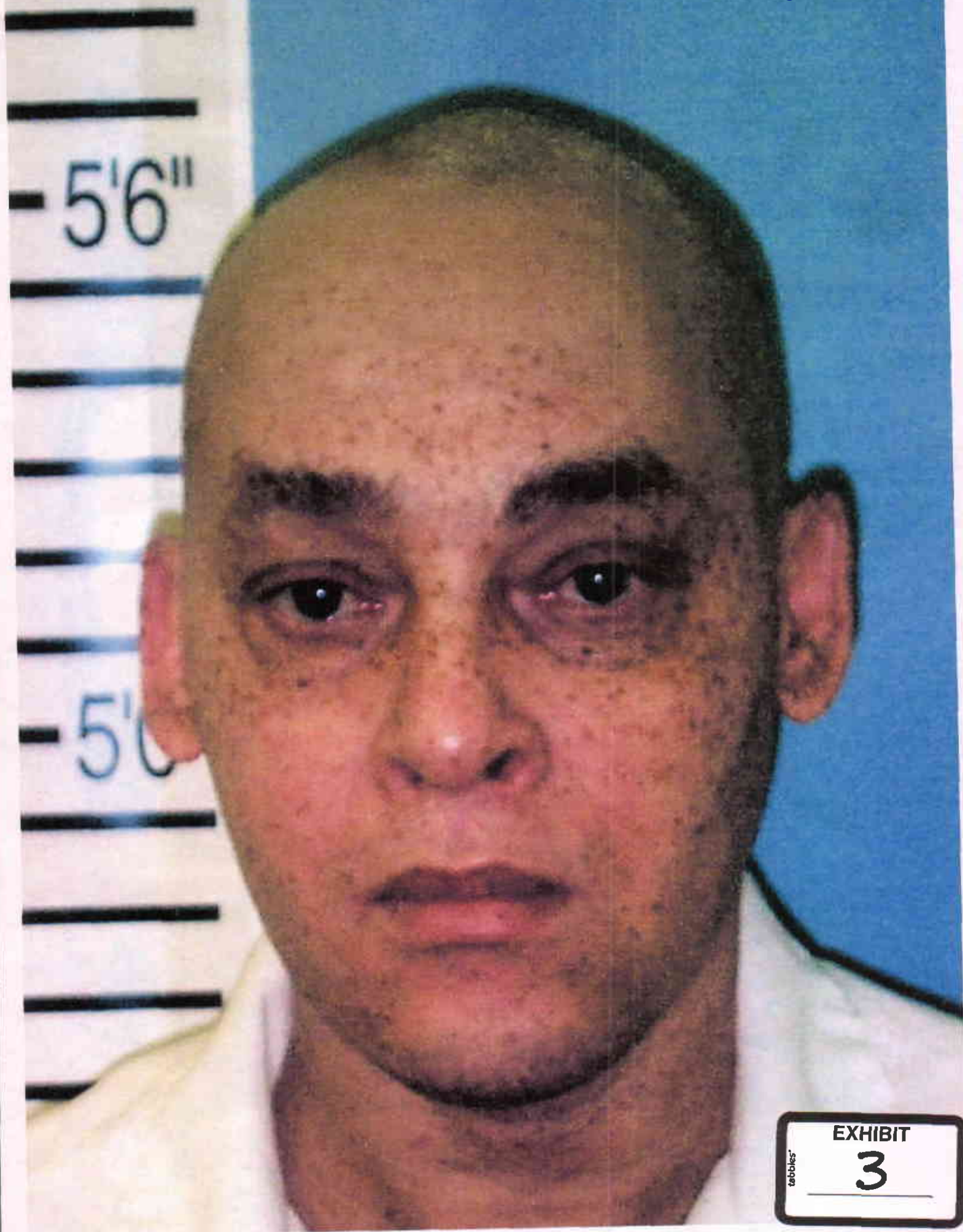


EXHIBIT  
3

KCF06-552



7-6-06  
8:25 PM CC

KCF06-552



7-6-06  
8:25 PM CC

KCF06-553



7-6-06 KCF06-553  
8:25 PM CC

KCF06-552



7-6-06  
8:25 PM CC

KCF06-552



7-6-06  
8:25 PM CC